



CHAPTER 2

The Foundation of Successful Health Services

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This part of the guide is designed to help you understand the foundations of Head Start as outlined in the Head Start Program Performance Standards (HSPPS). Knowing how your daily work builds on these foundations will help you devel-

Your program's management systems help you do your job.

They organize how people communicate, collect information, make and evaluate decisions, and support one another. They are the foundation for successful health services.

op health services that meet the needs of enrolled children and families. Your program's management systems, data, and leadership will help you integrate health throughout your program and meet all of the Head Start health requirements.

Your program's management systems help

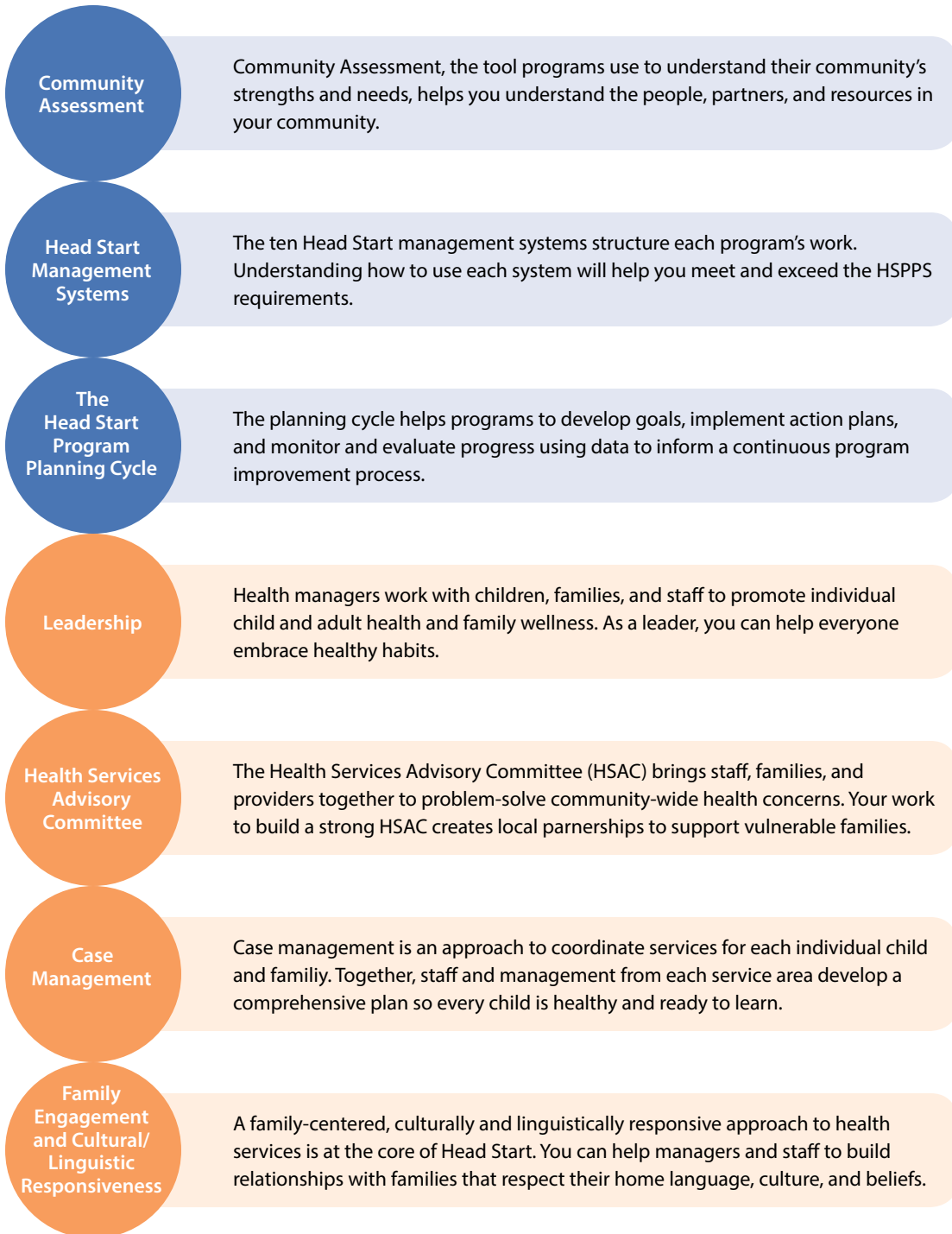
you do your job. They organize how people communicate, collect information, make and evaluate decisions, and support one another.



The information or data that you collect and analyze helps you know if your program is meeting its overall program and school readiness goals. The data also help you understand if the services you provide are improving outcomes for the children and families. Finally, program staff make your program work. They bring management systems to life. Becoming an effective leader will help you do your job well.

Illustration 1

A Summary of the Systems, Data, and People in Head Start Health Services: A Quick Reference to This Section



The preceding chart shows you the basic elements of health services in Head Start. Understanding what these are will help you learn about your work.

Community Assessment: Meeting Your Communities Where They Are

Head Start requires Community Assessment (CA) to be the beginning of all program work [45 CFR 1305.3(c)]. Your program starts its planning process by gathering data about the

To learn more about developing your program's community assessment, review [Five Steps to Community Assessment](#).

needs, gaps in services, and resources within the community or service area. To gather this information, your program conducts an in-depth needs assessment of the community at the start of each funding cycle. The information collected

through this process helps your management team determine how to structure your program. This includes how to plan health services for the children and families you enroll.

The HSPPS [45 CFR 1305.3(c)] require that “each Early Head Start and Head Start Grantee must conduct a community assessment within its service area once every three years.” The HSPPS require that your CA include data and information on community demographics, other child development and child care programs, children with disabilities, the needs of eligible children and families (including education, health, nutrition, and social services needs), and available resources in the community that address identified needs [45 CFR 1305.3(c)] but do not specify the data you must collect.

Best practices to provide the most complete picture of your community may include health data about:

- Children's physical and nutritional health status
- Children's oral health status
- Family health status
- Child and adult mental health status, including maternal depression
- Adult substance use
- Pregnant mothers and expectant families
- Families without health insurance
- Health care providers who accept Medicaid
- Community health centers
- Community resources for food (e.g., grocery stores, the Special Supplemental Nutrition

How Community Assessments Can Help You Identify Partners

Your CA identifies valuable information about the needs and resources in your area. This information can help you identify partners by providing:

- Information about why services are needed
- Knowledge about how the community feels about an issue
- Detailed information about individuals directly experiencing a problem

Sharing this information with service providers can help them address problems. Sharing your

CA findings with community leaders can help them address community concerns by giving them a stronger knowledge base to make decisions, write grants, and advocate for the community.

Adapted from: Developing a Plan for Identifying Local Needs and Resources at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/planning/manage_art_00102a_070605.html

Program for Women, Infants, and Children [WIC] offices, food pantries)

- Children with special health care needs/ disabilities
- Reported cases of child abuse and neglect
- Domestic and community violence
- First responder and emergency room use
- Other local health concerns

The compiled data for your service area are used to determine program goals, types of services, recruitment area, and selection criteria [45 CFR 1305.3(d)]. To do this you will look at all of your data to understand the needs, gaps in services, and resources in your community.

Knowing the findings from your CA gives you a helpful context for your work as health manager. It will also help you understand your community. This can guide your work with your management team, staff, and Health Services

Advisory Committee (HSAC) to develop strategies to meet the needs of low-income children and families. See Best Practices to Help You Meet Your Community Assessment (CA) Requirements in the appendices.

Head Start Management Systems: A Systematic Approach for Health Services

Head Start management systems support the work of programs. Health managers use these systems in their day-to-day activities. Knowing how these systems support your work will help you to be an effective health manager.

The HSPPS [45 CFR 1304.50, 45 CFR 1304.51, 45 CFR 1304.52, 45 CFR 1304.53, 45 CFR 1305] define each of the following 10 Head Start management systems (see Illustration 2):

Illustration 2
Head Start Management Systems





This section looks at each management system, its role in health services, and how it supports your work.

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

Your program uses the results of its CA to develop ERSEA policies. Your program selection criteria prioritize children and families with the greatest needs for enrollment [45 CFR 1305.3(d)(6)]. ERSEA defines:

- How your team recruits eligible children (your recruitment plan) [45 CFR 1305.5]
- What criteria the program uses to enroll over-income children if vacancies remain after the program has enrolled the income-eligible children who have applied [45 CFR 1305.4(b)]
- How your team prioritizes applicants (especially for waiting lists) [45 CFR 1305.6]
- How children and families will be enrolled (your enrollment plan) [45 CFR 1305.7]
- How your program promotes consistent attendance to make sure enrolled children and families are fully engaged in all program activities [45 CFR 1305.8].

Note that the HSPPS require that at least 10 percent of a program's annual enrollment include children with disabilities who have an individualized education program (IEP) or individualized family service plan (IFSP) receiving services from the local education agency or early intervention program. [45 CFR 1305.6(c)]

Whom you work with:

Work with your program's disabilities and education managers to help ensure that your program is prepared to provide individualized support to

accommodate the education and/or health needs of children. For more information about content managers, see the chapter on getting to know your health ser-

vices team on page 7. As a health manager, you help make sure that your program considers children's health needs from the CA data and uses its ERSEA policies and procedures.

*Use **Five Steps to Community Assessment** as a guide for determining the health needs of your program.*

What you need to know:

Consider the following:

- Do eligibility criteria include low-income children who need access to health resources (including physical health, mental health, oral health, nutrition, and safety)? [45 CFR 1305.3(4)(5)]
- Do recruitment procedures include outreach strategies to identify families with health issues who may be difficult to reach because of cultural beliefs, language barriers, or social isolation? [45 CFR 1305.5]
- Do selection criteria prioritize children with special health care needs, limited access to health services, or environmental risk factors such as inadequate housing or unsafe living conditions? [45 CFR 1305.6(b)]

- Is your enrollment process culturally responsive? During enrollment do you gather health information from families (including family history)? Does the information include children's access to medical and dental homes as a best practice?
- Do attendance policies include gathering data about why children and families do not attend program activities? (If health issues are identified as a reason, you can use this information to plan strategies to improve attendance.) [45 CFR 1305.8]

As a best practice, you should also evaluate whether your ERSEA policies and procedures meet the health needs of children and families in your program and community health issues identified through discussions with your HSAC.

Self-Assessment

Self-assessment is a system your program uses at least once every year to examine the overall direction and impact of its systems and services. It helps you determine how effective you are in meeting program goals and objectives [45 CFR 1304.51(i)]. Self-assessment provides an opportunity in your annual planning cycle to take an in-depth look at the services you have provided over the program year [45 CFR 1307.3(b)(2)]. It may identify program strengths and challenges that may not be easy to see in the short-term results of your ongoing monitoring. Looking at a year of data and comparing your findings to self-assessment data from previous years will help you identify trends over time.

Whom you work with:

The National Center on Program Management and Fiscal Operations has a useful [tip sheet](#) on self-assessment that includes information on who should be involved. It includes the following information:

- It is required that your policy council be involved in the annual self-assessment.
- Governing body members can be asked to take part. In particular the early childhood

expert can review the educational services. The fiscal expert can review the financial systems.

- It is recommended that programs involve community members. Parents and community partners can give new insights as they examine data with program leaders.

It is also best practice to include HSAC members to make sure that health systems and services are assessed.

What you need to know:

You may want to look at your health-related data over a 1-, 3- and/or 5-year period to see how your program's health services are performing relative to:

- Child needs (including physical health, mental health, oral health, nutrition, physical activity, and safety) [45 CFR 1304, 45 CFR 1306.30(c), 45 CFR 1306.32(a), 45 CFR 1306.33(b)(c), 45 CFR 1306.35, 45 CFR 1307, 45 CFR 1308, and 45 CFR 1310]
- Child outcomes (including program attendance rates) [45 CFR 1307]
- Family health
- Family outcomes
- Gaps in services that might affect child and family outcomes [1304.51(i)(3)]

The annual self-assessment is part of a cyclical planning process. That means the end of one year's assessment marks the beginning of next year's planning.

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

Your program's self-assessment system is a comprehensive, program-wide approach to analyzing program data to identify areas of strength and gaps in services. All of the recommendations from the annual self-assessment should support future program plans across *all* program service areas.

Planning

Planning [45 CFR 1304.51(a)] is an ongoing, systematic process that guides your program's services. The planning system defines how

Your program plan is the blueprint for high-quality services for all of the children and families you serve. The program plan describes what your program will do. It tells how your staff will provide services.

your program makes decisions about its goals based on data from the CA [45 CFR 1304.51(a)(1)(i)], self-assessment, and other relevant data sources.

Programs develop short-term and multi-year program goals [45 CFR 1304.51(a)(1)(ii)], financial objec-

tives [45 CFR 1304.51(a)(1)(ii)], and specific plans for all service areas [45 CFR 1304.51(a)(1)(iii)].

Your program plan or service area plan is the blueprint for high-quality services. It describes what your program will do and how your staff will do it. During the planning process your program will also develop a plan of action, choose the program options it will offer, and decide how it will deliver services. Your program plan should reflect your program philosophy, vision, and mission.

Whom you work with:

To properly plan health services, you will need input from families; staff, especially health staff; other program managers; the program director; and the HSAC [45 CFR 1304.51(a)(1)]. Your program's governing body and policy council must approve all plans, policies, and procedures [45 CFR 1304.51(a)(2)].

What you need to know:

To understand your program's planning system, you need to know:

- What process is used for making long- and short-term decisions?
- What process is used for gaining approval from the program's governing body and policy council?
- How do you coordinate work with other community organizations that serve Early Head Start and Head Start families or other low-income families with young children?
- Which management team members and staff need to be involved in the decision-making process?
- How are plans communicated to staff, families, and community partners?
- How are revisions to plans made?

Your program plan should show how health is integrated in all program service areas. The plan should include health-related objectives, policies, and procedures. It should have milestone charts or calendars that have been created from your program's health data.

To find out how your current program plan integrates health services, complete the worksheet entitled Questionnaire to Assess Health Components of Your Program Plan on page 206 in the appendices. If you have health staff, completing



this questionnaire can be a good activity to do together. You can also talk with your management team about how each service area supports your health services planning. The questionnaire can be a helpful tool for thinking about ways in which you can strengthen health services in your program. Be sure to use findings from the CA (your planning recommendations) to revise your current program plan, if needed.

Your program's management team will use the planning cycle to regularly review and revise your program plan. Because the planning cycle is ongoing, you will always have an opportunity to review and revise the plan.

Program Governance

All health services plans, budgets, policies, and procedures must be approved by your program's governing body and policy council [45 CFR 1304.50(d)(1) *Head Start Act, Sec. 642*]. Understanding your program's governance system is critical to successfully manage health services. Section 642 of the Head Start Act provides requirements for establishing a formal structure for program governance that your program uses for making decisions and approving budgets, plans, and policies. Program governance includes the policy council or policy committee for delegate agencies [45 CFR 1304.50] and the governing body [45 CFR 1304.50(a)].

Whom you work with:

As health manager, you work with your program director, chief financial officer, and management team to figure out how to prepare and submit this information to the policy council and governing body throughout the program year [45 CFR 1304.51(a)].

Review your job description to make sure you understand your own roles and responsibilities. Make sure you know who your supervisor is and that you get clear directions from him or her about the expectations for your work. Also make sure that you know which staff members report directly to you and that you are

informed about any staff performance issues you may need to monitor and address in the annual performance appraisal.

What you need to know:

Your job is to help your program governance make decisions. Find out the following so that you can share this information:

- The plan for health services that you have developed.
- The data sources that you use for your plan, including:
 - The CA
 - Ongoing monitoring findings
 - Results of the annual self-assessment (self-assessment gives you an opportunity to take an in-depth and big-picture look at the services you have provided over the program year) [45 CFR 1307.3(b)(2)]
- HSAC discussions on community issues that affect child health and family wellness
- *Program Information Report (PIR)* data about the physical, mental, and oral health and family service needs of enrolled children, families, and pregnant women
- How your plan meets the HSPPS and other applicable federal, tribal, state, and local requirements.
- Your current budget, including expenses to date and all sources of revenue.
- The rationale and justification for your budget for health services.
- If applicable, your efforts to identify additional sources of revenue to supplement your budget.

Human Resources

Your agency's human resources (HR) system [45 CFR 1304.52] is designed to make sure that your program builds a team that has the knowledge, skills, and abilities to meet your program goals and deliver Head Start services. HR provides support to:

- Define the duties and responsibilities assigned to each staff person [45 CFR 1304.52(a)(1)]

- Create job descriptions
- Determine staff qualifications for each position, including any that are required by federal, tribal, state, or local regulations or certification [45 CFR 1304.52(d)] and other regulations
- Make sure that all staff are qualified for their position [45 CFR 1304.52(a)]
- Define the process for staff supervision, professional development, and annual performance appraisals [45 CFR 1304.52(j)]
- Define the role and requirements for program volunteers and consultants [45 CFR 1304.52(i)(k)]
- Distribute the agency's standards of conduct [45 CFR 1304.52(i)]

Whom you work with:

Review your job description to make sure you understand your own roles and responsibilities. Make sure you know who the supervisor is for your position. Get clear directions about the expectations for your work. Also make sure that you know which staff members report directly to you. Find out about any staff performance issues you may need to monitor and address in the annual performance appraisal.

As a best practice you may want to work with the HR manager and your management team to review all staff job descriptions. This can help you ensure that they include health tasks.

The staff responsibilities checklist on page 217 of the appendices can help you think through possible health tasks for different staff. Make sure that they include all duties required by the HSPPS.

Health managers work with their management team to create an annual professional development calendar. This calendar in-

cludes health services topics for all children and families including special populations [Head Start Act of 2007, Sec. 648(b)(2)]. The professional development requirements for Head Start staff are in the box below.

What you need to know:

Every Head Start program is organized differently. Reviewing your program's organization chart with your management team will help you better understand the relationship between each manager and staff member. It will help you get to know each person's roles and responsibilities. Once you know the other managers in your program and your relationship to

As a best practice you may want to work with the human resources manager and your management team to review all staff job descriptions.

Professional Development Requirements

Additional Support – The Secretary shall provide, either directly or through grants, contracts, or other arrangements, funds from section 640(a)(2)(C)(i)(II)(cc) to support training for personnel to:

- (A) provide services to limited English-proficient children and their families (including services to promote the acquisition of the English language)
- (B) provide services to children determined to be abused or neglected or children referred by or receiving child welfare services

- (C) help children cope with community violence
- (D) recognize common health issues, including mental health problems in children, for appropriate referral
- (E) address the needs of children with disabilities and their families
- (F) address the needs of migrant and seasonal farmworker families
- (G) address the needs of homeless families

them, a best practice is to strategize with them about ways in which they can support health services. Think about the following issues as you develop relationships with your program staff:

Definition of the roles and responsibilities of Head Start health workers is complicated by the fact that so many functions are interrelated and a variety of coordinators and consultants may be active in different areas.

Every Head Start program is organized differently. Reviewing your program's organization chart with your management team will help you to understand the relationship between each manager and staff member.

The role of a health manager is to ensure that information and resources are shared among the health staff and that all health services are completed in a high-quality and timely fashion ... Accurate, realistic job descriptions must be provided for all health-related staff personnel.

Coordinators and contracted consultants also need a clear understanding of duties, roles, and functions with respect to Head Start.¹

Health managers also provide health services-related professional development for staff [45 CFR 1304.52(l)]. More information can be found in Staff Health: Task 1 (see page 129 of the Delving Deeper section).

Responsibility for coordinating in-service training for staff usually rests with the health manager. This training may be conducted by program staff, local consultants, health care providers, or statewide training and technical assistance providers. It may take the form of orientation for new staff, safety and first aid training, and teaching how to perform



developmental screening, how to manage food services, etc. Previous evaluation of the health service program will uncover areas where performance should be improved and training is needed.²

As part of the planning process, your program develops a training and technical assistance plan and a calendar of ongoing professional development opportunities. Professional development for staff is a key quality improvement strategy. Be sure you think about what every staff person needs to know about each service area. Collaborating with other service area managers on a program-wide approach to professional development will help staff gain knowledge and skills to work effectively with children and families.

Facilities, Materials, and Equipment

Facilities, materials, and equipment systems [45 CFR 1304.53] ensure that Head Start programs provide safe environments and optimal opportunities for learning.

Whom you work with:

Health managers work with their management team to ensure that all program environments meet safety requirements. They make sure staff use injury prevention strategies to keep children and families healthy and safe.



What you need to know:

The HSPPS contain many requirements regarding environmental health and safety. You should review and learn all of these requirements and any tribal, state, or local licensing requirements that relate to facilities, materials, and equipment. You are required to conduct a safety inspection at least once annually [45 CFR 1304.53(a)(10)]. Working with your management team, you can use, develop, or revise checklists that serve as a best practice to identify safety and environmental health concerns. You can also provide ongoing training for staff on how to use checklists (e.g., each time children go to outdoor play areas) to improve safety. You will find examples of these in Safe Environments: Task 4 (see page 79 in the Delving Deeper section).

As part of your recordkeeping and reporting, and ongoing monitoring systems, regularly review all of your safety and injury prevention data [45 CFR 1304.51(i)(2)]. As a best practice, include data from checklists, injury and incident reports, and anecdotal reports from staff and family members. Share this information

with other managers as a part of the communication system [45 CFR 1304.51(b)] to make sure issues are reported in a timely manner and repairs are promptly completed.

As a best practice, if your Head Start program conducts home visits, you can include home safety checklists as part of the curriculum you use with families. Helping families understand how to create and maintain a safe environment for children and other family members is a key part of the facilities, materials, and equipment management system for home-based programs [45 CFR 1306.33(b)].

Recordkeeping and Reporting

Your program uses recordkeeping and reporting systems [45 CFR 1304.51(g)(h)] to record, track, and report accurate and timely information on children, families, and staff to meet federal, tribal, state, and local requirements. Recordkeeping and reporting includes:

- Ongoing data entry [45 CFR 1304.51(g)]
- Tracking health data [45 CFR 1304.20(a)(1)(ii)(C)]

- Timely reporting [45 CFR 1304.51(h)]
- Ongoing monitoring to check how well your systems are working [45 CFR 1304.51(i)(2)]

Whom you work with:

Your recordkeeping and reporting systems support planning and continuous program improvement. As a best practice, work with your management team and, when applicable, your health services team to determine which data are most helpful to you.

What you need to know:

Your health tracking system supports all health-related activities in your program. Use your program's health tracking system to maintain program records including:

- Individual child health records [45 CFR 1304.51(g)]
- Staff and volunteer health records [45 CFR 1304.52]
- Programmatic information (for example, menus [45 CFR 1304.23(c)], lesson plans [45 CFR 1304.21(a)], injury and incident reports [review state and local regulations], environmental checklists [review state and local regulations], and program-wide training plans [45 CFR 1304.52(l)]).

As a best practice, work with your management team and, when applicable, your health services team to determine which data are most helpful to you.

If gaps exist in your recordkeeping and reporting systems, consider making changes in what data you collect and how and when you collect and report data. Your recordkeeping and reporting systems are part of your accountability to your funders and community. They also help you and your management team plan and support your program's continuous improvement process.

To help you do your job, identify all of your health data sources. Use the Program Health Data (page 200) worksheet to list all of the health-related data your program collects. Your recordkeeping system will dictate how health information is entered into your system.

Collect and record health data that you need to monitor health-related programs.

As part of ongoing monitoring and self-assessment [45 CFR 1304.51(i)], your recordkeeping and reporting systems not only help individualize services for children and families, but also look at program operations. They inform your work at every level.

The Head Start Program Planning Cycle: Using Data to Plan, Implement, and Evaluate Health Services section of the guide (see page 31) helps you consider whether the data you collect in your recordkeeping and reporting systems are appropriate and sufficient for your needs.

See "Using Your Program's Health Tracking System and Recordkeeping Systems" on page 221 of the appendices for more information.



Communication

Communication is a core component of your program's health services. Your program uses its communication system [45 CFR 1304.51(b)-(f)] to make sure that timely and accurate information is provided to parents, governing body and policy council, program staff, and the general public. Knowing how your program shares information is important.

Whom you work with:

As a best practice, work with your management team to determine when and how to share health information. Use the communications guidelines worksheet on page 158 in the appendices to ensure that your communication systems address all the HSPPS health requirements including 45 CFR 1304.20, 45 CFR 1304.22, 45 CFR 1304.23, 45 CFR 1304.24, 45 CFR 1304.40(f), and 45 CFR 1304.51(c).

Talk to your HSAC about best practices for sharing health information. Talking with HSAC members gives you a chance to learn from them. It also can be a time to help community partners understand some of the challenges many low-income families experience.

What you need to know:

Always keep your audience in mind when you are communicating. Think about the words you

Take the time to understand cultural beliefs and practices about health.

use to share information. For example, a health care provider or public health partner will be comfortable with technical terms for health issues. However, a parent may not use the same words that you use. Some may not understand technical terms. Take time to understand cultural beliefs and practices about health. It can help you communicate better. Most important, find ways to talk that make people feel comfortable asking questions and sharing information.



Provide health-related information to families in their home language. [45 CFR 1304.51(c)(2)]. For more information about communication with families, review Family Engagement and Cultural/Linguistic Responsiveness: Taking a Family-Focused, Culturally and Linguistically Responsive Approach on page 39.

Ongoing Monitoring

Ongoing monitoring is a series of procedures used to determine whether your program is meeting applicable federal, tribal, state, and local regulations including the HSPPS [45 CFR 1304.51(i)]. Ongoing monitoring is part of the planning cycle that programs use throughout the year to make sure that they are meeting program and school readiness goals [45 CFR 1307.3(b)(2)]. Programs evaluate the progress toward their goals using their ongoing monitoring systems, and make changes in program activities when needed.

Just as an ongoing source of continuous, accessible health care helps children stay healthy by providing early diagnosis and treatment of any health problems [45 CFR 1304.20(a)], ongoing monitoring activities are a way for programs to check throughout the year that their management systems are working well.

Programs that deliver high-quality services have effective management systems that help them meet the goals that they have set.

Whom you work with:

As a best practice, programs may work with staff, managers, families, the HSAC, or community partners to make sure that standards and regulations are being met. For example, pro-

“Throughout the year, program leaders and staff track the effectiveness of program operations and progress towards goals through their ongoing monitoring system.”

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

grams may ask parents to ride the bus to help check that children travel safely from home to school and back. Or staff may complete first-aid supply checklists to make sure that first aid bags are fully stocked.

Your program’s ongoing monitoring system supports you as you work with your HSAC, your

management team, staff, families, and other health partners to improve the quality of your program services. Ongoing monitoring helps you make a difference in the lives of children and families who need the most support.

What you need to know:

Ongoing monitoring is a critical part of the planning cycle and your program’s continuous improvement process. [45 CFR 1307.3(b)(2)].

As a health manager, you develop the ongoing monitoring plan for health services that includes a checklist or form to track the following (you can use your health services milestones chart in the appendices to do this) [45 CFR 1304.51(i)]:

- What type of activities to conduct

- How often to schedule them
- Who will complete them
- What kind of report you will develop to document observations and data collected for your recordkeeping and reporting systems
- How you will share the results with your program director and members of your management team

To help you figure out how your monitoring systems can be used, review page 3 of “Ongoing Monitoring for Head Start and Early Head Start” (<http://caheadstart.org/2012PLConf/NewMD6.pdf>).

Using the schedule from your plan, review the data you collect and compare it with previously collected data to make sure the following is happening:

- Children and families are receiving required health services (including physical health, mental health, oral health, nutrition, physical activity, and safety) [45 CFR 1304, 45 CFR 1306.30(c), 45 CFR 1306.32(a), 45 CFR 1306.33(b)(c), 45 CFR 1306.35, 45 CFR 1307, 45 CFR 1308, and 45 CFR 1310]

- The health services being delivered are keeping children healthy, safe, and ready to learn [45 CFR 1307]
- The program is meeting applicable federal, tribal, state, and/or local requirements (check other federal, tribal, state, and local requirements)

Programs use ongoing monitoring to ask, “Are we doing things right (and on time)?” They use the annual self-assessment to ask, “Are we doing the right things?”

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

- Program and staff have the resources they need to deliver health services [45 CFR 1304.52(l) and 45 CFR 1304.53(b)]
- Determining if additional or different resources are needed that might improve health outcomes (your HSAC can advise you on these best practices)
- Seeing if new or different strategies might be more successful at meeting children and families' health-related needs (again, your HSAC is a resource for these best practices)

Fiscal Management

Fiscal management is closely tied to the planning system and is part of your program's planning cycle. Essentially, the fiscal management system makes sure that your program has the money to deliver the services it has planned. The financial management system also ensures that grant funds are spent in accordance with federal and other funding requirements and responsible fiscal practices.

Effective financial management [45 CFR 1301.32] helps to make sure that your Head Start program complies with the terms and conditions of your grant. Your program management uses this system to create and implement financial controls and administrative procedures to operate your program.

Whom you work with:

Your program's chief financial officer or program director supports your efforts to deliver health services within the budget that the governing body and policy council have approved. "A budget may be characterized as a series of goals with price tags attached. Since funds are limited and have to be divided in one way or another, the budget becomes a mechanism for making choices among alternative expenditures."³ You will need to monitor your program budget and communicate regularly about how you are managing the fiscal resources allocated for health services [45 CFR 1301.32(3)].



What you need to know:

As part of your program's annual self-assessment [45 CFR 1304.51(i)(1)], your health goals are analyzed.

Find out:

- What are the tasks you must accomplish to meet your goals?
- What are the resources required?

Using the budget form and the categories:

- Find out how your program is partnering with other community programs to make sure families are receiving comprehensive health services. If you have exhausted all outside available resources for financial support, talk with your management team about how to support the remaining health services–related costs [45 CFR 1304.20(c)(5)].

Summary

Together, the 10 Head Start management systems are critical to the work you do. For a health manager these management systems provide the organizational framework from which to build and improve health services. You may want to use the worksheet entitled Do Your Systems Support Health Services? Questions to Consider on page 175 (located in the appendices) during your self-assessment to help you evaluate if each of your management systems is effectively supporting the delivery of high-quality health services for the children and families in your program.



The Head Start Program Planning Cycle: Using Data to Plan, Implement, and Evaluate Health Services

The Head Start program planning process is a predictable planning process that programs use during the five-year project period. New programs begin with the CA. Existing programs begin with self-assessment, using the results of their most recent self-assessment and CA data.

At the beginning of the project period, programs set broad, long-term goals and develop a plan of action with short-term objectives and expected, measurable outcomes, as well as actions steps they will take. Your program collects data to evaluate your progress toward your goals. It uses the ongoing monitoring system to know when course corrections are needed.

At the end of the year you will assess:

- Whether your planning system and other Head Start management systems are effective
- Whether your program was able to meet its short-term objectives

- Your progress in meeting the long-term goals and outcomes you expected to accomplish

Your goal is to continuously improve systems and services and develop innovative practices that improve the lives of the children and families in your program.

The HSPPS [45 CFR 1307.3\(c\)\(2\)](#) requires programs to use:

- (i) Child-level assessment data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional

The Head Start program planning process is a predictable planning process that programs use during the five-year project period. New programs begin with the Community Assessment. Existing programs begin with Self-Assessment, using the results of their most recent Self-Assessment and Community Assessment data.

development, program design, and other program decisions

(ii) Analyzing individual ongoing, child-level assessment data for all children birth to age 5 participating in the program and using that data in combination with input from parents and families to determine each child's status and progress with regard to, at a minimum, language and literacy

A planning cycle is a process for organizing your management systems to make informed decisions.

development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development, and to individualize the experiences, instructional strategies, and services to best support each child.

To make program improvements that have a positive impact on children and families, you need information or data. You also need a process for collecting, analyzing, and using it. When you have meaningful data, you can use it to figure out ways to help your program strengthen the services it provides. A planning cycle is a process for organizing your management systems to make informed decisions. Some refer to the planning cycle as "data-driven decision-making."

More information on the Head Start Program Cycle is available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/data/planning-cycle.pdf> and on The National Center on Program Management and Fiscal Operations website.

Always remember to share your successes with others in your program. Even small successes are worth celebrating.

Illustration 3

Program Planning Cycle

The inner circle of this graphic represents the ongoing monitoring that is part of the larger cycle of continuous improvement. The outer circle represents key aspects of the self-assessment.



Source: Program Planning in Head Start: The Program Planning Cycle
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/planning-cycle.pdf>

Leadership: Making Health Everyone's Business

Anyone can be a leader—you, your staff, your HSAC, and your families. Some people are natural leaders. Some take on a leadership role in response to a challenge they have to master. Meeting the health needs of Head Start children and families requires leaders who have a vision, take charge, and work well with others.

Leading health services in Head Start begins with you, the health manager. You set the tone in your program by showing everyone how to embrace healthy behaviors. Understanding your role and how you work with each of your colleagues to support Head Start children and families will help you promote the message that school readiness begins with health.

What Is Your Leadership Role?

Which of these categories describes your job?

- I am the health manager, and I oversee all health activities in my program.
- I am the health, nutrition, and/or mental health manager, but I also supervise all components of health while performing these duties.
- I am the health, nutrition, and/or mental health manager, or another manager who works on health issues within the health services management team. I supervise my own health area and work with others to provide health services to children and families.

Depending on which category describes your job, think about how you work with others and who can support you. Ask yourself:

- Do I want to do all of the tasks myself and communicate my work to others?
- Do I want to figure out who might be working on similar tasks and find ways to collaborate?
- Do I want to assign some of my tasks to others and supervise their work? (You will need to work with your program director to determine whether this is an option for you.)



Your answers will depend not only on your own workload, but also the staffing structure and workload of others in your program. You will need to determine what you can do, what others can do, and what will be the best way to deliver high-quality health services to children and their families.

Empowering Health Leaders

As a leader in health services, you need to think about how to encourage others to embrace health. You can use a formal survey or talk with families, staff, volunteers, and partners to understand their attitudes, perspectives, and concerns regarding health issues. Develop a plan to empower them to be health leaders. Consider the following:

- What components of health affect them most closely?
 - Do they or someone they are close to struggle with specific illnesses or health issues?
 - Are they currently using specific strategies to improve their own health and safety?
 - Have they had experiences with health care and/or public health providers that have affected their attitude about health?
- How do their responsibilities in the program relate to the health services your program delivers?

- Do they work directly with children, and regularly assess child health and safety?
- Do they promote child wellness, prevent injuries, and engage children in a healthy, active lifestyle?
- Do they work directly with families, and engage in supportive, responsive conversations about preventing and treating illness and injury and promoting child health and wellness, while respecting families' cultural beliefs?
- Do they provide health services such as screening, examination/evaluation, treatment/intervention, and follow-up that support program activities?
- Do they maintain and use child data, understanding how each data element relates to another to provide a picture of the whole child?
- Do they support staff, and know the requirements for staff health and the training staff needed to provide health services?
- Do they maintain indoor or outdoor facilities, and know how to keep the spaces safe, clean, and easy to observe?
- Do they prepare or serve food, and understand nutrition and food safety and sanitation?
- Do they work as a bus monitor or drive a bus, supervising children and preventing injuries so they are safely transferred between their home and the program?
- What do they think are the strengths and challenges of your program's health services?
 - What does your program do really well?
 - What are some areas that your program could improve?
 - What kind of support do you need from others to make your program stronger?

Thinking through these questions will help you to figure out how to engage people in your program. You may find that teachers are aware of the health services. At the same time you

may find that managers may not be as clear about how they can support health services. Working with others helps promote health among staff and your families.

Health Services Advisory Committee (HSAC): Building a Community Health Approach to Delivering Services

One of the resources that supports your work as a health manager is your HSAC. Your program is required to "establish and maintain a Health Services Advisory Committee." Your HSAC advises and guides your work in health [45 CFR 1304.41(b)]. Often programs view the HSAC as a way to educate community health partners about Head Start and the HSPPS. Yet the potential for what HSACs can accomplish is much broader.

Your program's HSAC can help you build relationships within your community that will improve the health, wellness, and safety of the children and families you serve, when they are at home or at your program. The HSAC formalizes your program's partnerships with family members, staff, and health partners in the community. Your CA along with feedback from your HSAC can help you identify community health needs, new resources, and opportunities to use your HSAC to influence community health issues.

Your HSAC is a bridge to community partnerships and engagement.

The best orientation to the HSAC can be found in [Weaving Connections](#) on the [National Center on Health webpage](#). This Head Start resource introduces you to:



- Defining the HSAC's action plan
- Identifying and recruiting HSAC members
- Engaging and orienting HSAC members
- Determining HSAC tasks
- Setting a schedule for HSAC meetings and work
- Working from a distance
- Evaluating the effectiveness of your HSAC

As you get to know your HSAC and its work, you may want to examine the effectiveness of your HSAC and possible changes to its membership or structure. It is important to evaluate meeting locations, times, and schedules. You may want to look at alternative approaches such as virtual meetings to help you recruit and retain providers. If needed, you can make changes to your HSAC's organization that can be integrated into your planning cycle.

HSAC Effectiveness

Every program should have a record of recent HSAC meetings. These records describe issues discussed and actions taken during meetings. You may find meeting notes, action plans, correspondence (emails or notes from phone calls), and other documentation. Begin by reviewing all of these materials. As you get to know your HSAC, consider these questions:

- What is the action plan?

- Does it align with the program goals?
- How often does the HSAC meet?
- Where do they meet?
- Who are the HSAC members and how often do they attend?
- What topics were discussed?
- What decisions or recommendations were made?
- Were any action plans completed?
- Was any follow-up or completion of activities proposed?
- Did the activities or discussion help the group support the program in meeting goals?
- Are there program health issues or problems that the group did not address, but should?

These questions will help you determine whether your program's HSAC has been an effective source of support for health services in your program. Once you have answered the questions, think about these components of an effective HSAC:

• Purpose

- Do the HSAC action plans meet the needs you have identified in your program?
- Why or why not?
- Does each HSAC member have a clear understanding of the program and school readiness goals selected by the HSAC?
- Why or why not?

• Membership

- Does the HSAC have the right membership to address the health issues or problems they have identified?

• Meetings

- Does the HSAC meet frequently enough?
- Are the meetings effectively managed to accomplish action plan steps?
- What could be done better?
- Should we consider alternate locations or virtual meetings to recruit and retain providers?

- **Work**

- Is the HSAC focused on discussing program issues instead of defining and accomplishing health tasks?
- What would help the committee meet their goals?
- What would help you do your job?

- **Follow-up**

- Are action planning and follow-up activities effectively managed?
- Are the HSAC's agendas and meeting structure sustaining the interest and continued involvement of its members?

Work with your program director and others in your program who have interacted with the HSAC to make sure you have a clear understanding of the history of your HSAC. Once you have considered these factors, you may decide to make changes to your HSAC.

Making Changes to the HSAC

The HSAC is a bridge to community partnerships and engagement. Making changes is best accomplished in collaboration with current HSAC members. Provide a way for members to

evaluate the HSAC and to get their feedback. Make sure that the HSAC members know that you want to make the experience of serving on the HSAC valuable for them as well as for the program. Discuss member recommendations and develop a plan together to move forward.

Here are some changes you might discuss with the group:

- **Purpose**

- Use the program and school readiness goals as a starting point for all HSAC action plans
- Find common goals across community health partners and HSAC members
- Engage all HSAC members in the discussion so that they take part in making decisions about the group's action plan
- Align action plans to results from program data about health service needs
- Create a written document that defines the HSAC's action plan and have each member sign it to indicate their agreement

- **Membership**

- Recruit new members who represent partners not already on the HSAC





- Determine whether all current members need to continue serving as members or whether there are other ways some may partner with your program
- Collaborate with current members to address recruitment challenges
- Consider different ways to engage HSAC members (telecommunications, meeting locations and times, common interests/purposes)
- **Meetings**
 - Meet more often or use telecommunication options to gather the group for shorter check-in meetings
 - Assign roles that suit people's engagement level in the HSAC (chairperson, deputy chairperson, secretary, meeting coordinator, timekeeper)
 - Use agendas, protocols, and other organizing tools to keep the committee focused during meetings
 - Provide notes to each HSAC member even when they are unable to attend, and review these notes at the beginning of each meeting

• **Work**

- Consider whether you need advice or support in completing tasks to better serve children and families in your program; for example, you may need advice in accommodating a child with a feeding tube (discussion) or you may need support to collect child health status records from health and oral health care professionals (task)
- Use HSAC action plans to structure discussions or tasks
- Develop agenda items based on the amount of discussion and the need for support in accomplishing tasks
- Use the level of participation of members to decide who can support the completion of tasks and who can provide feedback and discussion

• **Follow-up**

- Decide on follow-up activities or action plans
- Determine how each member will be accountable for completing agreed-upon activities and tasks
- Assign one person responsibility for supporting follow-up and maintaining a record of completion
- Define how HSAC activities will be evaluated
- Hold an HSAC celebration when activities are complete, and review how activities have affected children and families that the HSAC serves

Your efforts to build an effective HSAC will show that you understand how your HSAC has the potential to serve as an important community resource for low-income children and families. It will also help you engage the HSAC in more in-depth work. This will improve program health services.

Case Management: Gaining a Comprehensive Picture of a Child and His or Her Family

As noted in the “Recordkeeping and Reporting Systems” section, you plan services at the child and family level as well as the program level. Case

management is a best practice or strategy that allows you to use data to meet the needs of individual children and families. “Case management is necessary to make sure Head Start’s efforts [on] behalf of the child’s health really pay off. The goal is to make

sure that all children receive timely, competent and continuing care for all health problems.”⁴

Effective case management supports programs’ efforts to ensure that children are always monitored for health-related, educational, or other concerns. It helps to make sure that concerns are addressed in collaboration with each child’s family. Case management begins with the information you collect from the developmental, behavioral, and sensory screenings that take place within the first 45 days of a child’s enrollment [45 CFR 1304.20(b)]. In addition, within the first 90 days of enrollment, you determine whether the child has access to health services, is up-to-date on a schedule of well-child care, and has any health issues that require follow-up and treatment [45 CFR 1304.20(a)]. Ongoing observations of a child help to develop a clear picture of a child’s strengths as well as areas where he or she needs support.

Effective case management supports programs’ efforts to assure that children are always monitored for health-related, educational, or other concerns and that those concerns are addressed in collaboration with each child’s family.



For children with health concerns, you and your staff will serve as the case managers. You will make sure that the child and family have access to the health services they need. Your team serves as the family’s support by helping them:

- Understand why health services are needed
- Access the health services they need
- Understand the benefits of those health services for their child.

Working closely with the child and family, you will create a supportive relationship that builds on the family’s values, culture, and language. To begin this process, consider using the worksheet in the appendices on page 156, Case Management Summary, for each child you serve. This summary will help your team understand data about the family:

- Health history
- Culture, especially health-related beliefs and practices
- Home language(s)
- Specific health concerns
- Family and child goals
- Access to resources
- Support systems within the family and community

Use the family partnership agreement (FPA) and the child’s health record to access some

Examples of case management communication

- A child who has been identified with “failure to thrive”: The Early Head Start staff, a nutritionist, a pediatrician, early intervention service staff, and the family can work together to devise a nutrition plan that provides a consistent approach and messages that are responsive to the family’s culture and preferences.
- A child who has asthma: The Head Start staff, health care providers (including specialists), and family develop an individualized health plan [1304.20(f)] for the child so that he or she always has access to necessary medical equipment (for example, an asthma inhaler) and can participate in all program activities.

of this information. Some of the information will also need to be gathered directly from the family. Gathering this information can help staff build relationships with families. Staff or managers who conduct health interviews with families need training on family engagement and cultural and linguistic responsiveness. This helps staff talk with families in an appropriate and respectful way. You may need to use translation or interpretation services to make sure there is mutual understanding between families and staff.

Services are most helpful to families when all service providers know what the others have to offer, share consistent messages with family members, and reinforce each others’ work. Health managers work directly with health care providers to make sure information is being shared among all professionals working with the child and family. Use your program’s communication system to gather information from staff and partners. This is key to keeping a complete summary of services for each child.

Use the case management summary worksheet in the appendices on page 156 to list all

of the health care providers who are providing services to a child and family. This can include descriptions of their services and the schedules for service delivery. The summary sheet tells you and your staff:

- What services have been delivered and by whom
- When services are received
- Messages shared by each professional
- Additional steps/follow-up activities that need to be conducted

All of the information in the case management summary will be part of your recordkeeping and reporting system. Review reports on an ongoing basis to ensure that the necessary services are being delivered. You may also need to figure out new strategies to meet child and family needs. If new issues arise through your ongoing monitoring activities, the case management summary worksheet may be updated to include this information.

Family Engagement and Cultural/Linguistic Responsiveness: Taking a Family-Focused, Culturally and Linguistically Responsive Approach

The family has always been at the center of all Head Start work. Head Start recognizes that the family is the first educator and best advocate for every child. As you see in the family and community engagement tasks, working with families in culturally and linguistically responsive ways is critical to health services in Head Start. Research has led to a shift over the years in how programs work with families, from “participation” (as described in the HSPPS) to “engagement.”

Parent and family engagement in Head Start/ Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between

parents and their children, and ongoing learning and development for both parents and children.⁵

The resource [Family Engagement as Parent Involvement 2.0](#) explains how family engagement, like health services, is everyone's business.

The family has always been at the center of all Head Start work. Head Start recognizes the family is the first educator and best advocate for every child.

As a health manager, you always work in partnership with families. Family engagement is most effective when it is responsive and respectful of both the language and culture of each family. "Effective Head

Start programming requires understanding, respect, and responsiveness to the cultures of all people, but particularly to those of enrolled children and families."⁶

As discussed in the section "Leadership: Making Health Everyone's Business," health managers work with others in their program to ensure that health services are family-centered and engage families in culturally responsive ways. The following best practices support you in delivering health services that will best meet children and families' needs.

Engage in a Family-Centered Approach

A family-centered approach means that you are focused on the child's family as well as the child. This is done in many ways, including:

- Learning about family values, culture, and traditions as part of the enrollment process
- Providing information in families' home languages whenever possible
- Offering orientation activities so that family members clearly understand the services you

offer and how you will work with them to support their children

- Developing the Family Partnership Agreement (FPA) to individualize health services for each family
- Sharing information with and getting consent from parents or guardians before conducting any screening, evaluation, treatment, or follow-up activities
- Co-creating individualized child health plans
- Engaging families in child assessments by including their observations and insights into their child's interests, activities, and behaviors
- Implementing strict confidentiality policies to protect health information and build trust- ing relationships
- Engaging families in planning curriculum activities for children in your program
- Training staff in appropriate ways to share information about child health and develop- ment with family members
- Recruiting family members for the HSAC, policy council, and volunteer activities
- Getting ongoing feedback from families for continuous monitoring and self-assessment activities

The resource [Using the Head Start Parent, Family, and Community Engagement Framework in Your Program: Markers for Progress](#) is designed to help you assess if your program is effectively integrating family engagement.

Ensure All Health Services Are Culturally and Linguistically Responsive to Families

Head Start families come from a broad range of cultures and traditions and speak many different languages. You will encounter many different types of families, from multigenerational households to single-parent families. Each family has its own process for learning how to parent, support, and be an advocate for its children.



To ensure culturally and linguistically responsive health services, first understand your own perceptions about families, culture, and languages. Conduct an assessment of your team (management and staff) to understand how each of you feels about different family types, beliefs, and practices. The following tools may be useful:

- [Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf) ([http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting Multicultural Principles for Head Start_English.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf))
- [Cultural Competence Health Practitioner Assessment](http://nccc.georgetown.edu/features/CCHPA.html) (<http://nccc.georgetown.edu/features/CCHPA.html>)
- [Promoting Cultural & Linguistic Competency Self-Assessment Checklist for Services and Supports in Early Intervention and Early Childhood Settings](http://nccc.georgetown.edu/documents/ChecklistEIEC.pdf) (<http://nccc.georgetown.edu/documents/ChecklistEIEC.pdf>)
- [Program Preparedness Checklist, Version 5.0](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/ProgramPreparedn.htm) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/ProgramPreparedn.htm>)

When you and your staff are aware of your own perspectives and potential biases, you are in a better position to identify ways to reflect the diversity among the families in your program and embrace all families' cultures and languages. You may want to work with local partners to understand and support the cultural values and traditions of the families in your community, especially beliefs and traditions regarding health. You can do this in the following ways:

- Review program data (CA, enrollment data, FPAs, and other relevant data) to identify the cultures and traditions of the families you serve.

When you and your staff are aware of your own perspectives and potential biases, you are in a better position to identify ways to reflect the diversity among the families in your program and embrace all families' cultures and languages.

- Build and maintain partnerships (formal and informal) with cultural and religious organizations in your community that serve the families in your program. They can provide information and advice on the best ways to work with these families. For example, they can help with staff training, reviewing menus and curricula, finding translators, understanding cultural traditions, and sharing information with families in appropriate ways.
- Routinely request feedback from staff and families to make sure that people feel supported. This may involve family and staff satisfaction surveys or discussions. It might mean ongoing monitoring activities to determine whether services are meeting family goals, and opportunities for informal feedback on an individual basis.

You will be most successful if you are able to build mutually respectful partnerships among families, staff, and providers to support Head Start children and families. Additional resources from the [National Center on Cultural and Linguistic Responsiveness](#) are available to help you.

Remember:

Everyone has a culture, language, and traditions. Respecting each family's uniqueness will help you build strong collaborative relationships and best meet each family's needs.

References

1. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; II-2.
2. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; II-7.
3. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, US Department of Health and Human Services; I-23.
4. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, US Department of Health and Human Services; VI-22.
5. National Center for Parent, Family, and Community Engagement. (2011). *The Parent, Family, and Community Engagement Framework*. Boston, MA: National Center for Parent, Family, and Community Engagement; 1.
6. Administration for Children, Youth, and Families. (1991). *Information Memorandum: Multicultural Principles for Head Start Programs*. Log No. ACYLIM9103. Washington, DC: Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; 5.